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APPLICATION NO. FILING DATE			FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/516,336	10/516,336 04/13/2005 Kazuo Kuroda 4105-39 30:						3053
TITLE OF INVENTION	: SEMICONDUCTOR I	MEMORY ELEMENT A	ND ITS LIFETIME OPE	RATION STARTIN	G DEVI	CE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	REV. PAID ISSUE FEE TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400	\$300	. \$0 \$1700		04/10/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				•
CRANE, SARA W 2811			257-040000	_			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 100 to 10				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 63 FU:8881 15.69 OP							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
PIONEER CO	RPORATION	Tokyo JAPAN	171				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government							
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	o small entity discount j	☐ A check is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).					
	tus (from status indicate		☐ b. Applicant is no lo				
NOTE: The Issue Fee and	d Publication Fee (if req		d from anyone other than				e assignee or other party in
Authorized Signature	Muchael	Thea)		Date Mar	ch 16	, 2007	
Typed or printed name		Shea		Registration N			
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